

Case Number:	CM13-0065690		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2009
Decision Date:	09/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46-year-old female who has submitted a claim for cervical sprain / strain, cervical arthralgia, cervical myalgia, cervical spine musculoligamentous strain, bilateral shoulder sprain / strain, and bilateral rotator cuff syndrome associated with an industrial injury date of 11/17/2009. Medical records from 2010 to 2014 were reviewed. Patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination of the cervical spine showed muscle spasm. Phalen's test and Durkan's test were positive. Muscle guarding and tenderness were present at the paralumbar muscles. Range of motion of the cervical spine was restricted. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. EMG/NCV of bilateral upper extremities, dated 4/19/2013, demonstrated mild right carpal tunnel syndrome and right canal Guyon's entrapment. EMG was normal. Treatment to date has included physical therapy, activity restrictions, extracorporeal shockwave therapy, and medications. Utilization review from 11/21/2013 denied the retrospective request for 1 office consultation for a new or established patient between 4/19/2013, retrospective request for 1 special report 4/19/2013, retrospective request for 1 EMG bilateral extremities 4/19/2013, retrospective request for 6 nerve conduction study, amplitude and latency/velocity each nerve; motor, without F-wave study 4/19/2013, retrospective request for 8 nerve conduction, amplitude and latency/velocity study each nerve; sensory 4/19/2013, retrospective request for 4 nerve conduction, amplitude and latency/velocity study each nerve; motor, with f-wave study 4/19/2013, retrospective request for 1 SSEP upper limbs 4/19/2013, and retrospective request for 2 prolonged evaluations and management service before and/or after direct (face to face) patient care; first hour 4/19/2013 because this should only be evaluated

in consideration of applicable evidence-based guidelines upon receipt of the requested information.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST FOR 1 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT BETWEEN 4/19/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient was last seen on 2012 prior to her office visit on 4/19/2013. Patient consulted a physiatrist who evaluated her pain at the neck, both shoulders, both elbows, and both hands. EMG/NCV of the upper extremities was likewise performed on that day showing mild right carpal tunnel syndrome and right canal Guyon's entrapment. The medical necessity for office visit was established. Therefore, the RETROSPECTIVE REQUEST FOR 1 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT BETWEEN 4/19/2013 was medically necessary.

RETROSPECTIVE REQUEST FOR 1 SPECIAL REPORT 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: It is unclear if this is a request for referral, office visit or interventional / diagnostic procedure. Therefore, the RETROSPECTIVE REQUEST FOR 1 SPECIAL REPORT 4/19/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 EMG BILATERAL EXTREMITIES 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination showed positive Phalen's test and Durkan's test bilaterally. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. However, clinical manifestations were not consistent with focal neurologic dysfunction to warrant EMG. Lastly, body part to be tested was not specified. Therefore, the RETROSPECTIVE REQUEST FOR 1 EMG BILATERAL EXTREMITIES 4/19/2013 was not medically necessary.

RETROSPECTIVE REQUEST FOR 6 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE; MOTOR, WITHOUT F-WAVE STUDY 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination showed positive Phalen's test and Durkan's test bilaterally. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. Clinical manifestations showed possible focal peripheral neuropathy; hence, NCV is warranted. However, body part to be tested was not specified. Therefore, the RETROSPECTIVE REQUEST FOR 6 NERVE CONDUCTION STUDY,

AMPLITUDE AND LATENCY/VELOCITY EACH NERVE; MOTOR, WITHOUT F-WAVE STUDY 4/19/2013 was not medically necessary.

RETROSPECTIVE REQUEST FOR 8 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE; SENSORY 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination showed positive Phalen's test and Durkan's test bilaterally. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. Clinical manifestations showed possible focal peripheral neuropathy; hence, NCV is warranted. However, body part to be tested was not specified. Therefore, the RETROSPECTIVE REQUEST FOR 8 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE; SENSORY 4/19/2013 was not medically necessary.

RETROSPECTIVE REQUEST FOR 4 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE; MOTOR, WITH F-WAVE STUDY 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment

Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination showed positive Phalen's test and Durkan's test bilaterally. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. Clinical manifestations showed possible focal peripheral neuropathy; hence, NCV is warranted. However, body part to be tested was not specified. Therefore, the RETROSPECTIVE REQUEST FOR 4 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE; MOTOR, WITH F-WAVE STUDY 4/19/2013 was not medically necessary.

RETROSPECTIVE REQUEST FOR 1 SSEP UPPER LIMBS 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: New York Injury Medical Treatment Guidelines, Somatosensory Evoked Potentials.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. CA MTUS does not specifically address Somatosensory Evoked Potential (SSEP); hence, New York Injury Medical Treatment Guidelines was used instead. It states that SSEP is useful for the evaluation of myelopathy and is increasingly used intra-operatively. It is not recommended to identify radiculopathy. In this case, patient complained of pain at the neck, both shoulders, both elbows, and both hands, graded 7/10 in severity, associated with weakness, numbness, and tingling sensation. Physical examination showed positive Phalen's test and Durkan's test bilaterally. Spurling's test and impingement test were negative bilaterally. Reflexes, motor exam, and sensory were unremarkable. However, clinical manifestations were not consistent with focal neurologic dysfunction to warrant EMG. Moreover, there was no discussion concerning need to perform SSEP when it was not guideline

recommended for this case. Therefore, the RETROSPECTIVE REQUEST FOR 1 SSEP UPPER LIMBS 4/19/2013 was not medically necessary.

RETROSPECTIVE REQUEST FOR 2 PROLONGED EVALUATIONS AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE TO FACE) PATIENT CARE; FIRST HOUR 4/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient was last seen on 2012 prior to her office visit on 4/19/2013. Patient consulted a physiatrist who evaluated her pain at the neck, both shoulders, both elbows, and both hands. EMG/NCV of the upper extremities was likewise performed on that day showing mild right carpal tunnel syndrome and right canal Guyon's entrapment. However, the retrospective request for 1 office consultation for a new or established patient between 4/19/2013 was already certified. The medical necessity for this present request was not established. Therefore, the retrospective request for 2 prolonged evaluations and management service before and/or after direct (face to face) patient care; first hour 4/19/2013 was not medically necessary.